Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233
(804) 367-8506/8512
www.dpor.virginia.gov



Board for Professional Soil Scientists and Wetland Professionals Professional Soil Scientist Certification Introduction

Application Requirements

Applicants must complete a current application package to be eligible for a Virginia Professional Soil Scientist Certification. All correspondence should be directed to:

Board for Professional Soil Scientists and Wetland Professionals 9960 Mayland Drive, Suite 400 Richmond, VA 23233 Telephone: (804) 367-8506/8512 Facsimile: (804) 527-4294

Applications must be submitted with the appropriate fee no later than 90 days prior to a scheduled examination. The date the <u>completed</u> application and fees are received in the board office determines whether the applicant meets the application deadline.

Applicants deemed ineligible may request further consideration by submitting, in writing, evidence of additional qualifications, training or experience. No additional fee will be required, provided the requirements for certification are met within 12 months of the date the original application was received.

Examination Notices and Fees

Each candidate will be sent a written notice of the time and place of the examination for which the candidate is eligible. Candidates shall promptly notify the board as to whether they intend to appear for the examination. Failure to notify the board may result in loss of eligibility for that particular examination. Each examination fee shall be applied to the next scheduled examination and shall be forfeited for failure to notify the board or failure to appear. Examination and reexamination fees must be received in the board office no later than 30 days prior to the next scheduled examination.

Application of Certification Program

The voluntary certification program for Professional Soil Scientists as set forth in Chapter 22, Title 54.1 of the *Code of Virginia* shall not be construed to prohibit:

- 1. The practice of soil evaluation by individuals who are not certified soil scientists as defined in the *Board for Professional Soil Scientists Regulations*.
- 2. The work of an employee or a subordinate of a certified soil scientist or of an individual who is practicing soil evaluation without being certified.
- 3. The practice of any profession or occupation which is regulated by another regulatory board within the Department of Professional and Occupational Regulation.

Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, VA 23233 (804) 367-8506/8512 www.dpor.virginia.gov



Board for Professional Soil Scientists and Wetland Professionals PROFESSIONAL SOIL SCIENTISTS CERTIFICATION APPLICATION Fee \$300.00

A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card insert available at http://www.dpor.virginia.gov/dporweb/forms/fin/creditcard.pdf must be mailed with your application package.

			ARE NOT REFUNDAB	LL.		
1.	How are you applying for your Virginia	Professional S	Soil Scientist Certification	?		
	Examination (1020)					
	☐ Reciprocity examination waive	er (1021) pursu	ant to regulation 18 VAC	145-20-111.1.		
	Please complete the follow					
	registrations and attach an or from each state or jurisdiction		on of Licensure/Letter of Go	ood Standing◆ dated	within th	e last 60 days
	nom each state of jurisdiction		License, Certification or	1		
	State	/Jurisdiction	Registration Number	Expiration Date		
					Ħ	
	◆ Certifications/Letters must include	e: 1) the license/cer	tification/registration number; 2) ti	he initial date of licensure;	3) the exp	iration date of the
	license or renewal fees; 4) the me for licensure; 5) all closed disc	eans of obtaining lice	nsure (i.e., exam, reciprocity, etc.)	and the minimum requiren	nents that w	vere met to qualify
	board/department seal.	diplinary actions les	uning violations of undetermined	a illiuliigs, aliu ali oligili	ai autiionzi	eu signature anu
2.	Name					
	Last		First	Middle		Generation
3.	Social Security Number or Virginia DN	/IV Control Num	nber *] - [] -		
	* State law requires every applicant for a license, by the Commonwealth to provide a social security n	certificate, registratio	n or other authorization to engage	in a business, trade, profe	ssion or occ	cupation issued
	· ·	umber of a control fit	imber issued by the virginia Depa	ittrient of Motor Verlicles.		
Λ.	Date of Rirth	/DI	the Elektron come of any and	1.1		
	Date of Birth Street Address (DO Day not accepted)	·	nust be Eighteen years of age or o			
4. 5.		·	nust be Eighteen years of age or o			
		·			State	7in Codo
5.	Street Address (PO Box <u>not</u> accepted)	·			State	Zip Code
5.		·			State	Zip Code
5.	Street Address (PO Box <u>not</u> accepted)	·	City	•		·
5.6.	Street Address (PO Box <u>not</u> accepted) Mailing Address (PO Box accepted)	·		•	State State	Zip Code Zip Code
5.6.7.	Street Address (PO Box <u>not</u> accepted) Mailing Address (PO Box accepted) E-mail Address	·	City	•		·
5.6.7.	Street Address (PO Box <u>not</u> accepted) Mailing Address (PO Box accepted) E-mail Address Contact Numbers		City		State	Zip Code
5.6.7.8.	Street Address (PO Box not accepted) Mailing Address (PO Box accepted) E-mail Address Contact Numbers Primary Tele	ephone	City City Alternate Telephore	: :	State Fac	·
5.6.7.8.	Street Address (PO Box not accepted) Mailing Address (PO Box accepted) E-mail Address Contact Numbers Primary Tele Have you passed a soil science exam	ephone	City City Alternate Telephore	: :	State Fac	Zip Code
5.6.7.8.	Street Address (PO Box not accepted) Mailing Address (PO Box accepted) E-mail Address Contact Numbers Primary Tele Have you passed a soil science exam No	ephone ination in any o	City City Alternate Telephore ther state or jurisdiction of	ne of the United States	State Fac ?	Zip Code
5.6.7.8.	Street Address (PO Box not accepted) Mailing Address (PO Box accepted) E-mail Address Contact Numbers Primary Tele Have you passed a soil science exam No	ephone ination in any o	City City Alternate Telephore	ne of the United States	State Fac ?	Zip Code
5.6.7.8.	Street Address (PO Box not accepted) Mailing Address (PO Box accepted) E-mail Address Contact Numbers Primary Tele Have you passed a soil science exam No	ephone ination in any o	City City Alternate Telephore ther state or jurisdiction of	ne of the United States	State Fac ?	Zip Code
5.6.7.8.	Street Address (PO Box not accepted) Mailing Address (PO Box accepted) E-mail Address Contact Numbers Primary Tele Have you passed a soil science exam No	ephone ination in any o	City City Alternate Telephore ther state or jurisdiction of the examination of the exam	ne of the United States	State Fac ?	Zip Code

10.	Which of the following education/exp Scientist exam? Select only one .	erience : r	equiremer	nts are you using to	qualify for the V	'irginia Professional Soil
	Bachelor's degree from an a been approved by the board Scientists) and at least four y	(see 18 V	AC 145-20	9-91 in the Regulation		
	☐ Bachelor's degree in one of t	the <u>natural</u>	sciences a	and at least <u>five</u> year:	s of experience	in soil evaluation;
	<u>Eight</u> years of experience in					
	Four years of experience in institution of higher education soil evaluation experience					
	 You are required to complete and attack quality of which must demonstrate to the experience must meet the requirements in 	e Board that	you are con	npetent to practice as a	Professional Soil S	Scientist. The soil evaluation
11.	Education (excluding high school) u VAC 145-20-90.6 of the <i>Regulations</i>	sed to me	et education	onal requirements or	convert to exp	perience pursuant to 18
	Name of Institution	Beginning MM/YY	Ending MM/YY	Major	Hours Complete	ed Degree Received
A c	ertified/official transcript or other notarized doc			letion of the required cour sts and Wetland Profession		s must be submitted to the
12.	Do you hold an <i>expired</i> Professiona another state, territory, jurisdiction or	l Soil Scier	ntist licens	e, certification or reg		by a regulatory body of
	No	possossioi	101111001	mod otatos.		
	Yes If yes, complete the fo					n of Licensure/Letter of Good
	Standing ◆ dated with	n the last 60 (ach state, territory, jurisdicense, Certification or	ction or possession	of the United States.
	S	State/Jurisdict		Registration Number	Expiration Dat	е
	_					
	 Certifications/Letters must include: 1) t renewal fees; 4) the means of obtaining all closed disciplinary actions resulting v 	g licensure (i.e.	, exam, recipr	ocity, etc.) and the minimum	requirements that we	ere met to qualify for licensure; 5)
13.	Have you ever been subject to a regulatory body?	disciplinary	action in	nposed by any (incl	uding Virginia)	local, state or national
	No 🔲					
	 , ,		,	nal order, decree or uch order, decree or		by a court or regulatory
14.	Have you ever been convicted in ar					
	contendere must be disclosed on thi juvenile court system.	is application	on. Do no	t disclose violations	that were adjud	licated as a minor in the
	No					
		meanor and	or felony co	onviction(s). Attach yo	ur original crimina	al history record; a certified
						th lawful authority to issue
						have considered with this bation; reference letters;
				al space is needed, atta	•	
						jurisdiction in which you were tory records may be obtained
	by contacting the state history record request	e police in the form in the	jurisdiction i	n which you were convic	ted. Virginia reside il it to the Departr	ents must complete a criminal ment of State Police, Central

Proiessionai soli scientists				
Signature			Date	
Notarization				
In the State of	, City/County of		, subscribed a	and sworn before me,
The undersigned Notary Public in	and for the City/County afor	esaid this	, day of	, 20
My commission expires the	, day of	, 20		
Affix official seal her	re.			
		Signature	e of Notary Public	

15. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the board's decision to approve this application. I certify that I will notify the Department if I am subject to a disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested certification. I certify that I understand and have complied with all the laws of Virginia related to professional soil scientist certification under the provisions of Title 54.1, Chapter 22 of the *Code of Virginia* and the *Virginia Board for Professional Soil Scientists and Wetland Professionals Regulations Governing Certified*